

FOLLOW FIELD OFFICE INSTRUCTIONS TO MAIL OR BRING THE COMPLETED APPLICATION TO THE FIELD OFFICE OR OTHER LOCATION.

FORM APPROVED OMB NO. 0584-0008

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

FOOD STAMP PROGRAM APPLICATION FOR STORES

Only completed applications, including attachments, will be processed, (7CFR 278)

TYPE OF ACTION ("X" if Reauthorization)

☐ REAUTHORIZATION

FOR FNS USE ONLY

Date

Authorization Number

Project Area/County Code

Tract Number (optional)

FNS Authorizing Signature:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 0584-0008. The time required to complete this information collection is estimated to vary from 20 to 68 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, OIRM, AG Box 7630, Washington, D.C. 20250.

PART I - STORE IDENTIFICATION

1. STORE NAME _____

2. EMPLOYER IDENTIFICATION NUMBER (EIN)

If the store has one, write in the EIN used to report business tax information to the Internal Revenue Service.

____ - _____

If the EIN is under a different business name than the store name, write in the name of the business to which the EIN is assigned.

If the store does not have an EIN and the store's taxes are reported to the Internal Revenue Service under the Social Security Number (SSN) of one of the owners, then write in the name of the owner whose SSN is used to report business taxes.

3. IS THIS A CHAIN STORE? (Instruction: A chain store is ONE OF A GROUP OF ELEVEN OR MORE similarly identified retail stores (under one corporate ownership or franchisor.) If YES, write in Chain Store Unit No., if any.

☐ YES ☐ NO

4. STORE ADDRESS

A. PHYSICAL LOCATION

Store Number _____ (for multi-shop or stall markets with more than one store at the same address)

Street Number _____ Street Name/P.O. Box _____

City _____

County _____ State ____ Zip Code _____ - _____

Attach a description of any other street address this store has at the same location (for example: different street entrances or street names), and provide any delivery route or rolling store locations. Also, attach directions from nearest intersection to locate store.

B. MAILING ADDRESS - DO NOT COMPLETE IF MAIL CAN BE DELIVERED TO THE STORE'S PHYSICAL LOCATION.

Office/Apartment Number _____ Street Number _____

Street Name/Rural Route Number/P.O. Box _____

City _____ State ____ Zip Code _____ - _____

5. STORE TELEPHONE NUMBER Area Code ____ Number ____ - ____

6. WHEN DID (OR WILL) THE STORE OPEN FOR BUSINESS UNDER CURRENT OWNERSHIP? Month ____ Day ____ Year ____

7. ATTACH BUSINESS, HEALTH OR OTHER LICENSES REQUESTED BY THE FIELD OFFICE.

► If copies of requested licenses are not available, attach an explanation.

8. TYPE OF BUSINESS - Check one type.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Supermarket (SM)
(Annual gross sales \$2 million or more) | <input type="checkbox"/> Multi-stall Farmers' Market (FM)
(Application for multiple stalls) | <input type="checkbox"/> Wholesaler (WH) | <input type="checkbox"/> Other Route (OR) |
| <input type="checkbox"/> Medium or Small Grocery (GS) | <input type="checkbox"/> Specialty Food (SF) - meat store,
fish store, bakery, etc... | <input type="checkbox"/> Military Commissary (MC) | <input type="checkbox"/> Grocery/Gas Station (CG) |
| <input type="checkbox"/> Convenience Store (CS) | <input type="checkbox"/> Health/Natural Food Store (HF) | <input type="checkbox"/> Other Food Store (OF) | <input type="checkbox"/> Grocery/Bar (CB) |
| <input type="checkbox"/> Produce Stand (PS)
(Single store application) | <input type="checkbox"/> Nonprofit Food Buying Co-op (BC) | <input type="checkbox"/> Milk Route (MR) | <input type="checkbox"/> Grocery/Restaurant (CR) |
| | | <input type="checkbox"/> Bread Route (BR) | <input type="checkbox"/> General Store (CM) |
| | | <input type="checkbox"/> Produce Route (PR) | <input type="checkbox"/> Other Combination (CO) |

PART II - STORE OWNERSHIP AND MANAGEMENT

9. TYPE OF OWNERSHIP - Check one type:

- ☐ Sole Proprietorship (1) ☐ Privately-held corporation (3) ☐ Cooperative (5)
☐ Partnership (2) ☐ Publicly-owned corporation (4) ☐ Government-owned (6)

► IS THIS STORE A FRANCHISE
☐ YES ☐ NO

10. OWNERSHIP IDENTIFICATION

A. NAME AND ADDRESS OF THE BUSINESS IF IT IS DIFFERENT FROM PAGE 1. - (For example, a parent corporation, or franchisor)

Business Name _____
Street Number _____ Street Name/P.O. Box _____
City _____ State Zip Code -

B. OWNERS' NAMES and HOME ADDRESSES - Do not enter this information for publicly-owned corporations.

Enter requested information below for owners of sole proprietorships, partnerships, principal shareholders of private corporations, or officers of a cooperative. Include spouses in community property states. If more than three owners, attach to this application the same information for up to two more persons. **WRITE NAME EXACTLY AS SHOWN ON OWNER'S SOCIAL SECURITY CARD. WRITE THE NAMES OF THE OWNERS/OFFICERS IN THE ORDER OF PRIORITY IN WHICH YOU WANT THEM TO RECEIVE MAIL/CORRESPONDENCE FROM FNS.**

► YOU MAY BE ASKED TO VERIFY THE SOCIAL SECURITY NUMBER(S).

1. First Name _____ Last Name _____ Title _____
Social Security Number - - Date of Birth Month Day Year
Street Number _____ Street Name/P.O. Box _____
City _____ State Zip Code -

2. First Name _____ Last Name _____ Title _____
Social Security Number - - Date of Birth Month Day Year
Street Number _____ Street Name/P.O. Box _____
City _____ State Zip Code -

3. First Name _____ Last Name _____ Title _____
Social Security Number - - Date of Birth Month Day Year
Street Number _____ Street Name/P.O. Box _____
City _____ State Zip Code -

11. STORE MANAGER IDENTIFICATION - Name the person with primary on-site responsibility for daily operations.

First Name _____ Last Name _____

Chain store district manager's name: First Name _____ Last Name _____

12. RELATED FOOD STAMP PROGRAM HISTORY

A. How many stores do you currently own (include this store)? Number

B. Do the owners now own or operate or have the owners previously owned or operated a firm or firms in this State or any other State for which an application to participate in the Food Stamp Program was submitted? ☐ YES ☐ NO

► If YES, attach a list of stores, except for chain stores. Identify the store's full name and address and approximate date of application or reauthorization, if known.

C. Including this store, has the owner, the corporation or the manager ever owned or managed a firm which violated the Food Stamp Program regulations and was disqualified or assessed a civil money penalty or fined? ☐ YES ☐ NO

► If YES, attach an explanation identifying the person or corporation and the store name and location related to the violation and the year of the violations, if known.

13. **BUSINESS PRACTICES:** Has the owner, the corporation or the manager ever had a license denied, withdrawn or suspended, or been fined for license violations (i.e., business alcohol, tobacco, lottery or health licenses)? ☐ YES ☐ NO
- ▶ If YES, attach an explanation, listing the type of license, the reason for and date of denial, fine or suspension, withdrawal or disqualification.
14. **BUSINESS ETHICS:** Are any of the following now charged with, or have they ever been convicted of or forfeited collateral for any crime: 1) any partner, 2) the store owner, 3) any member of the store owner's or the partner's immediate family involved in the operation of the business, 4) the corporate entity, 5) the manager, or 6) any stockholder who has a substantial role in the operation of the store? (Do not include: offenses committed before an 18th birthday which were finally adjudicated in a juvenile court or under a youth offender law; convictions set aside under the Federal Youth Corrections Act or similar State Authority; convictions for which the record has been expunged under Federal or State Law; or traffic violations.) ☐ YES ☐ NO
- ▶ If YES, attach a written explanation, giving the name of the person(s) charged or convicted and their relationship to the owner, partner, or corporate entity, and their current or past position, if any, in the store or corporation; the court and court docket number, the crime(s) and date(s) committed; the penalty and time served, and any other relevant information.

PART III - STORE OPERATIONS AND SALES

15. **IS THIS STORE OPEN YEAR-ROUND?** IF NO, CHECK THE MONTHS WHEN THE STORE IS OPEN BELOW: ☐ YES ☐ NO
- | | | | |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> January (01) | <input type="checkbox"/> April (04) | <input type="checkbox"/> July (07) | <input type="checkbox"/> October (10) |
| <input type="checkbox"/> February (02) | <input type="checkbox"/> May (05) | <input type="checkbox"/> August (08) | <input type="checkbox"/> November (11) |
| <input type="checkbox"/> March (03) | <input type="checkbox"/> June (06) | <input type="checkbox"/> September (09) | <input type="checkbox"/> December (12) |
16. **IS THIS STORE OPEN 24 HOURS A DAY?** ☐ YES ☐ NO
If NO, what are your store hours? List DAYS and TIMES below.
17. **HOW MANY PEOPLE WORK IN THIS STORE IN ANY CAPACITY?** (Including paid and unpaid, full and part-time, owners and family.) Number
18. **HOW MANY CASH REGISTERS DO YOU HAVE?** Number
- ▶ Do any of these registers have OPTICAL SCANNERS? ☐ YES ☐ NO
19. **IS THIS STORE AUTHORIZED BY A STATE TO ACCEPT "WIC" PROGRAM VOUCHERS OR BANK CHECKS TO PAY FOR SUPPLEMENTAL FOODS FOR WOMEN, INFANTS AND CHILDREN?** ☐ YES ☐ NO
- ▶ If YES, what is your WIC Program vendor identification number?
- ▶ If NO, has the store been denied or disqualified from WIC participation? ☐ YES ☐ NO
- ▶ If YES, attach a written explanation, giving the date denied or disqualified, and the reasons.

20. BANK WHERE YOU WILL DEPOSIT FOOD STAMPS

Bank _____

Branch Name _____

Number _____ Street _____

City _____ State Zip Code -

Bank Telephone Number _____ Area Code Number -

21. CHECK THE INVENTORY & SERVICES AT THIS STORE FROM CHOICES LISTED BELOW:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Lottery Tickets | <input type="checkbox"/> Clothing | <input type="checkbox"/> Tobacco Products |
| <input type="checkbox"/> Motor Oil | <input type="checkbox"/> Beer/Wine | <input type="checkbox"/> Outdoor Equipment | <input type="checkbox"/> Other Services. What are they?
(Games, videos, pharmacy, etc...) |
| <input type="checkbox"/> Household Supplies | <input type="checkbox"/> Liquor | <input type="checkbox"/> Hardware | List _____ |
| <input type="checkbox"/> Hot Food | <input type="checkbox"/> Auto Parts | <input type="checkbox"/> Food Stamp Issuance | |

22. CHECK THE CATEGORY AND CIRCLE THE ITEMS IN THE STAPLE FOODS INVENTORY IN STOCK AT THIS STORE (Staple foods do not include accessory foods such as candy, condiments, spices, coffee, tea, cocoa, carbonated or uncarbonated drinks.) Staple foods include, but are not limited to:

- | | |
|--|--|
| <input type="checkbox"/> Bread, baked goods, rice, pasta, cereal, chips, cookies, crackers, etc. | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Dairy products (milk, cheese, butter, yogurt, etc.) | <input type="checkbox"/> Canned/frozen/packaged staple foods (including 100% juices) |
| <input type="checkbox"/> Produce (fruits, vegetables) | <input type="checkbox"/> Fish/Seafood |
| <input type="checkbox"/> Poultry/Fowl (chicken, turkey, etc.) | <input type="checkbox"/> Meat (beef, pork, lamb, etc.) |

23. **SALES FIGURES:** You can estimate sales based on receipts for a period of operations such as a week, a month or more than one month, or a previous owner's sales.

- A. CHECK WHICH METHOD YOU ARE USING TO REPORT GROSS SALES: (Report estimated sales only if you do not have actual sales figures for the last 12 month period.) Convert all estimates to a 12 month total. If the store is not yet open, estimate sales as best you can. **You may be required to submit proof of sales.** You may be asked to update information when actual sales figures are available. Check appropriate box.

✓ **CHECK BELOW**

GROSS SALES REPORTING METHOD:

Actual Annual Gross Sales ☐

Estimated Annual Gross Sales ☐

ANNUAL GROSS RETAIL AND WHOLESALE SALES AT THIS LOCATION AS REPORTED TO THE INTERNAL REVENUE SERVICE (IRS) ON IRS FORM 1040, SCHEDULE C, OR IRS FORMS 990, 1066, 1120, 1120(a), OR 1120(s).

- B. TAX YEAR: If Actual Gross Sales method was reported for this location write the TAX YEAR sales were reported to the IRS and write in the total of all retail/wholesale sales at this location.

Federal Income Tax Year _____

\$, , .00

- C. Total ANNUAL ELIGIBLE RETAIL FOOD SALES (Including cash, credit, and food stamp benefits.)

- Do Not Include hot foods, tobacco, alcoholic beverages, non-food items, such as household paper and cleaning supplies, or wholesale sales. This may be an estimated figure.

\$, , .00

☐ YES ☐ NO

24. **DO YOU OPERATE A WHOLESALE AND RETAIL FIRM AT THE SAME LOCATION?**

(If you answer Yes, complete both A and B.)

A. Total annual gross retail sales are:

\$, , .00

B. Total annual gross retail food sales are:

\$, , .00

FNS USE ONLY - Wholesale Percent is: %

25. **STAPLE FOOD STOCK (Complete either Part A or B. Use the terms as defined below to answer the questions.)**

STAPLE FOOD = Bread, rice, pasta, dairy foods, fruits, vegetables and meats (fresh, package, can or frozen).

Do Not count hot foods, prepared foods such as sandwiches or salads, candy, condiments, spices, coffee, tea, cocoa, or carbonated or uncarbonated drinks.

VARIETY = Enough items in each staple food group listed below to meet the majority of most people's food needs.

PERISHABLE FOODS = Fresh, frozen or refrigerated food that could spoil in two or three weeks.

- **PART A: Firms which carry a full line of groceries** - Complete this part if your store stocks on a continuous basis an ample variety of the types of foods listed below in each category.

CHECK "VARIETY" for each staple food category you sell in your store which meets the definition of variety. Also, check "PERISHABLE" for each category which meets the definition of perishable.

STAPLE FOOD CATEGORY	EXAMPLES OF STAPLE FOOD ITEMS	VARIETY	PERISHABLES
BREAD/CEREALS	Bread, cereals, pasta, grains, rice, flour	<input type="checkbox"/>	<input type="checkbox"/>
DAIRY PRODUCTS	Cheese, butter, milk, yogurt	<input type="checkbox"/>	<input type="checkbox"/>
FRUITS/VEGETABLES	All forms of fruits, vegetables, 100% juice (Include fresh, frozen, & canned)	<input type="checkbox"/>	<input type="checkbox"/>
MEAT/POULTRY/FISH	Beef, chicken, bacon, ham, shellfish, sandwich meats (Include fresh, frozen, & canned)	<input type="checkbox"/>	<input type="checkbox"/>

- **PART B: Firms with a specialty line of Staple Foods** - Complete this part if your business sells a limited variety or line of staple foods; for example, a bakery, milk route, produce stand or meat market. Provide **Total Annual Retail Staple Food Sales** for the same time period you reported for Gross Sales in Question 23A or 23B above. This may be an estimated figure.

- Follow the definition of **staple food** listed above.

- Do Not Include** hot foods, prepared foods such as sandwiches or salads, candy, condiments, spices, coffee, tea, cocoa, carbonated or uncarbonated drinks.

Total Annual Retail Staple Food Sales: \$, , .00

Your signature attests to the accuracy and truthfulness of all the information on this form and that you read the warnings and certification on the enclosed statement, "Food Stamp Program Store Privacy Statement, Warnings, & Certification." You may be required to submit copies of tax returns, or other proof of sales, copies of inventory, or other records to verify information provided on this form.

PRINT NAME _____ SIGNATURE _____ TITLE _____

DATE _____ ALTERNATE PHONE NO. - -

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. (Not all prohibited bases apply to all programs.)

(TEAR OFF THIS PAGE AND KEEP IT FOR YOUR RECORDS)

Food Stamp Program Privacy Act Statement, Warnings and Certification

STATEMENT OF PURPOSE - We need to ask the questions on this application in order for us to find out if your store can let people pay for food they buy from you with food stamp benefits.

The term "store" as used in this document and the application means a: (1) supermarket, (2) grocery store, (3) convenience store, (4) produce stand, (5) multi-stall farmers' market, (6) meat store, (7) fish store, (8) bakery, (9) health/natural food store, (10) nonprofit food buying co-op, (11) wholesaler, (12) military commissary, (13) milk route, (14) bread route, (15) produce route, (16) combination stores such as grocery/gas station or grocery/restaurant.

By law, before you can be allowed to take food stamp benefits as payment for food sold by your store, your store must meet program requirements that include: (1) sell food for home preparation and consumption **and**, (2) meet (A) or (B) below:

(A) offer a **VARIETY** of foods in **4 STAPLE FOOD** groups, or

(B) the dollar amount of staple foods sold must be more than half of the dollar amount of all items (food and non-food) and services sold in your store. You will find a list of the staple food groups on one of the pages of this form.

PRIVACY ACT STATEMENT - By law we are allowed to ask you for the information on the application, including social security numbers (SSNs) and employer identification numbers (EINs). You do not have to give us these numbers, but we will turn down your application if you do not give us the numbers. We can use and share the information you give us with other Federal, State or local offices as explained in the next section of this document called "Use and Disclosure." (See Title 7 U.S.C. 2018(c), Title 26 U.S.C. 6109(f), Title 42 U.S.C. 405(c) and Title 31 U.S.C. 77019(c)). We can only share SSNs and EINs with other Federal agencies which are allowed, by law, to have these numbers in their own records. (See Title 26 U.S.C. 7213 and Title 7 U.S.C. 2018(c)).

USE AND DISCLOSURE - We may use computers to check the information you give us against the information kept by other Federal agencies to ensure that the information you give us is true, including SSNs and EINs. We will use the information you give us for managing and enforcing the food stamp laws and rules. We will also use the information to check on people and stores who we

think may be violating food stamp laws and rules. We can share SSNs and EINs with the Department of Justice for lawsuits and with Treasury Department or other Federal agencies for reporting and collecting monies owed to us, including taking what you owe us out of a future Federal tax refund, Federal salary, or Federal benefit you may receive. (7 U.S.C. 2022 and 31 U.S.C. 3711) The information you give us (except for SSNs and EINs) can also be shared with: (1) private collection agencies for collecting monies owed to us; (2) with local police and Federal and State agencies responsible for enforcing the Food Stamp Act or any other Federal or State laws and rules; and, (3) State agencies responsible for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

PENALTY WARNING STATEMENT- We can turn down or take away our approval for you to take food stamp benefits as payment for food sold in your store if you: (1) lie or give us untrue information; or (2) try to hide information we ask you to give us.

If you lie, give us untrue information, or hide information from us, you and the people who own the store, can be made to pay \$10,000 or be put in jail for as long as five years or both (7 U.S.C. 2024 and 18 U.S.C. 1001).

CERTIFICATION AND SIGNATURE - By signing your name on this application, you are telling us that: (1) you are the store owner or that the store owner(s) have asked you to apply for them; (2) the information you and/or the owner(s) gave us on this form, or papers we asked for, are true; (3) you read and understand all the information on this sheet; (4) you understand that you and the person(s) for whom you are applying are responsible for stopping workers, paid and unpaid, from breaking food stamp rules such as, but not limited to: (a) trading cash for food stamp benefits; (B.) taking food stamp benefits from people not allowed to use them; (c) taking food stamp benefits to pay on a credit account or loan; (d) taking food stamp benefits to pay for items not allowed to be paid for with food stamp benefits. We can take away a store's right to take food stamp benefits as payment for food sold in your store if any owner(s), manager(s) or anyone working in the store violates any of the food stamp law or rules.

IMPORTANT: We may punish you if you have accepted and redeemed food stamp benefits before you were allowed to. You must tell us if your store changes owners.